Sample Pharmacy/MS&E Claim Statement

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PROVIDER NO: XXX-10-XXX                              NIHB PHARMACY CLAIM STATEMENT                                  PAGE:9999
XXXXXXXXXXXXX-30-XXXXXXXXXXXXX                                                                                      DATE: DD-MM-YYYY

DATE OF SERVICE  RX NO.       CLIENT ID NO.   SURNAME              GIVEN NAME                 D.O.B.      BAND  FAMILY  DOC/INV NO.
PRESCRIBER       APPROVAL NO.   DIN/ITEM CODE     QTY  DRUG/ITEM COST   DISP. FEE   MARK UP     3RD PARTY   AMT CLAIMED   NET AMT

DD-MM-YYYY       XX-9-XX      XXX-10-XXX      XXXXXXXX-20-XXXXXXXX XXXXXXXX-20-XXXXXXXX         DD-MM-YYYY  XXX   XXXXX   XXX-10-XXX
XXXXX-10-XXXXXX  XXX-10-XXX     XX-8-XXX        99999  9999.99          9999.99     9999.99     9999.99     99999.99-     99999.99-
XXX

DD-MM-YYYY       XX-9-XX      XXX-10-XXX      XXXXXXXX-20-XXXXXXXX XXXXXXXX-20-XXXXXXXX         DD-MM-YYYY  XXX   XXXXX   XXX-10-XXX
XXXXX-10-XXXXXX  XXX-10-XXX     XX-8-XXX        99999  9999.99          9999.99     9999.99     9999.99     99999.99-     99999.99-
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DD-MM-YYYY       XX-9-XX      XXX-10-XXX      XXXXXXXX-20-XXXXXXXX XXXXXXXX-20-XXXXXXXX         DD-MM-YYYY  XXX   XXXXX   XXX-10-XXX
XXXXX-10-XXXXXX  XXX-10-XXX     XX-8-XXX        99999  9999.99          9999.99     9999.99     9999.99     99999.99-     99999.99-
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DD-MM-YYYY       XX-9-XX      XXX-10-XXX      XXXXXXXX-20-XXXXXXXX XXXXXXXX-20-XXXXXXXX         DD-MM-YYYY  XXX   XXXXX   XXX-10-XXX
XXXXX-10-XXXXXX  XXX-10-XXX     XX-8-XXX        99999  9999.99          9999.99     9999.99     9999.99     99999.99-     99999.99-
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DD-MM-YYYY       XX-9-XX      XXX-10-XXX      XXXXXXXX-20-XXXXXXXX XXXXXXXX-20-XXXXXXXX         DD-MM-YYYY  XXX   XXXXX   XXX-10-XXX
XXXXX-10-XXXXXX  XXX-10-XXX     XX-8-XXX        99999  9999.99          9999.99     9999.99     9999.99     99999.99-     99999.99-
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        *  Sorted by Date of Service (oldest date first)  then by Rx # (lowest # first)    PAID BY: CHEQUE 99999999    GRAND TOTAL PAID: 99999.99-
                                                                                 OR DIRECT DEPOSIT

XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    *Unlimited length
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SAMPLE